



# Nurses for Newborns

7259 Lansdowne Ave. Suite 100 St. Louis, MO 63119

May

## Check Requisition

*This form is to be used to request a check when no vendor invoice is available. Other types of pertinent documentation must accompany this form. Receipts or invoices recieved after the fact should be forwarded to Finance.*

Total Amount Requested: 268.74 Date Needed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose (seminar, etc. & attendees): NTA 11/1/17  
\_\_\_\_\_  
\_\_\_\_\_

### Vendor Information

Name: Amerun

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

*Please attach a complete W-9 for initial (new) payments to landlords or vendors providing services.*

Requested By: me  
Date Requested: 5 / 23 / 17

Approved By: \_\_\_\_\_

Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(FOR OFFICE USE ONLY)

G/L Account: \_\_\_\_\_

ni

# ALTERNATIVES TO ABORTION PROGRAM

Assistance Request

*This form is to be completed by an NFN Nurse ONLY and must be completed entirely for timely approval and submission.*

DATE: 5/11/17 CLIENT NAME: 

The above named client is requesting assistance through NFN's ATA Program for the following:

☐ Rent

(if new request, a W-9 and Lease MUST accompany this form)

☒ Utility

(if Ameren, provide account number and account holder's name; if Laclede, provide bill)

☐ Transportation

(if new request, no additional information is needed; if repeat request for gas card ONLY, please provide receipts)

☐ Other

(Pre-Authorization Request and documentation of the bill/invoice/etc. to be paid MUST accompany this form)

Landlord/Utility/Other NAME: AMEREN

BILL TOTAL: \$ 268.74 AMOUNT YOU ARE PAYING: \$ 0 AMOUNT REQUESTED: \$ 268.74

OTHER RESOURCES ATTEMPTED FOR ASSISTANCE (must list at least three):

- |          |                              |
|----------|------------------------------|
| 1. _____ | Agency Representative: _____ |
| 2. _____ | Agency Representative: _____ |
| 3. _____ | Agency Representative: _____ |

*I understand this is a one-time payment. This assistance is intended to assist you in the delivery of a healthy baby or in keeping your child on target developmentally. I have completed a Budget Form and Individualized Pregnancy Continuation Plan (IPCP) with my nurse in order to ensure my ability to pay this bill in the future.*



(RN signature)

5/11/17  
(date)

5/11/17  
(date)

IPCP Completed/Submitted: \_\_\_\_\_ (initial)

Budget Form Completed: \_\_\_\_\_ (initial)

Date Received: \_\_\_\_\_ Date Pledged/Submitted for Payment: 5/22/17



AmerenMissouri.com  
1.800.552.7583  
PO Box 790352 St. Louis, MO 63179-0352   
for correspondence only

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### Current Charge Detail for Statement 05/02/2017

Electric Energy Charge - Residential	\$27.38
Electric Customer Charge - Residential	\$9.01
Fuel Adjustment Charge	\$0.39
Energy Efficiency Investment Charge	\$1.22
Florissant Municipal Charge - Service	\$2.86
Payment Agreement Default	\$196.44
Late Pay Charge @ 1.5%	\$1.06
Prior Balance	\$30.38
<b>Amount Due</b>	<b>\$268.74</b>

**AMOUNT DUE** **\$268.74**

**Due Date:** **05/23/2017**

Account Number  
Customer Name  
Service Address



Previous Statement \$70.38

Your Payment Agreement has defaulted due to a missed payment.  
If the prior balance has been paid, pay current amount of \$238.36 only.

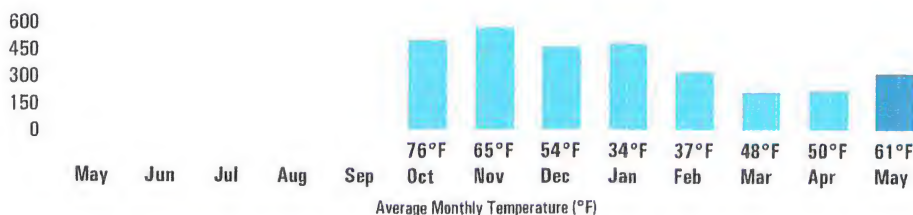
### Electric Service from 03/30/2017 - 04/30/2017 31 Days

	Meter Number	Current Reading	Previous Reading	Current Usage	Reading Type
E	[REDACTED]	052346	052034	312 kWh	Actual

### Electric Service Details

May Statement

Electric Usage in Kilowatt Hours (kWh)



Electric Usage Summary (kWh)

This shows how much electric energy you've used at this address

2016 1,523 kWh

2017 1,550 kWh

Usage from Oct 2016 to May 2017



### Invest Your Tax Refund In Long-Term Savings.

Get paid to upgrade your heating and cooling system through a participating contractor.

- up to **\$500** — Central Air Conditioner
- up to **\$900** — Air Source Heat Pump
- up to **\$2,000** — Geothermal Heat Pump

Visit [AmerenMissouri.com/hvac](http://AmerenMissouri.com/hvac) to learn more.



> > See reverse for messages

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Please return this portion with your payment.



☐ Check if you have address changes on back.



**AMOUNT DUE**

\$268.74

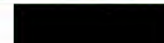
**Due Date**

May 23, 2017

**Delinquent Amount After Due Date**

\$272.80

**Account Number**



**Amount Enclosed: \$**



**AMEREN MISSOURI**

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